pplication No. (if known): 10/627,367-Conf. #2452

Attorney Docket No.: 05986/100K435-US1

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Fee Transmittal (1 page)

Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment Transmittal Letter (1 page)

Amendment in Response to Non-Final Office Action (26 pages)

Attachment A (Replacement Sheet of Figure 4) (1 page)

Information Disclosure Statement (2 pages)

Form PTO/SB/08 (1 page)

Copy of 1 cited reference (9 pages)

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PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032

August 16, 2006

Moder the Panenwork Per	tuction Act of 1995	no nerson are requi	red to respon	U.S. Patent	and Trade	mark Office; U.S. DE	PARTMENT O	F COMMERCE		
			red to respon	espond to a collection of information unless it displays a valid OMB control number.  Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL		818). App			10/627,367-Conf. #2452					
			Filing Date		July 24, 2003					
			First Named Inventor		Leon Axel					
For FY 2005				Examiner Name		B. M. Jackson				
X Applicant claims small entity status. See 37 CFR 1.27			Art U	Jnit		3762				
TOTAL AMOUNT OF PAYMENT (\$) 980.00			Atto	mey Docket	No.	05986/100K4	5986/100K435-US1			
METHOD OF PAYMENT (check all that apply)										
X Check Credit Card Money Order None Other (please identify):										
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee										
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- (.,	r 37 CFR 1.16 a	and 1.17		<u> </u>						
FEE CALCULATION	=							<del> </del>		
1. BASIC FILING, SEARC		FEES	SEARCH	J EEE6	EYAMI	NATION FEES	•			
		Small Entity		mall Entity		Small Entity	,			
Application Type	Fee (\$)	Fee (\$) F	ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES								Small Entity		
Fee Description							Fee (\$)	<u>Fee (\$)</u>		
Each claim over 20 (inclu	ding Reissues)						50	25		
Each independent claim over 3 (including Reissues)						200	100			
Multiple dependent claim	S						360	180		
Total Claims Extr	a Claims Fo	ee (\$)	Fee Paid (	\$)	N	<u>llultiple Dependent Claims</u>				
5439 =	15 x 2	5.00 =	375.00	<u>75.00</u>		ee (\$)	Fee Paid (\$	)		
HP = highest number of total o	laims paid for, if gre	eater than 20.						_		
Indep. Claims Extr			Fee Paid (	<u>\$)                                    </u>						
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3. APPLICATION SIZE FI	· F <b>F</b>	. •						_		
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listings under 37 CFF	R(1.52(e)), the a	pplication size for	ee due is \$	250 (\$125 f				)		
sheets or fraction the	reof. See 35 U.	S.C. $41(a)(1)(G)$	) and 37 CI	FR 1.16(s).						
<u>Total Sheets</u>	Extra Sheets	Number of e	ach additio	nal 50 or frac	tion there	of Fee (\$)	Fee F	Paid (\$)		
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4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specifica	ition, \$130 fee	(no small entity	discount)	5		01-1	40	0.00		
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 225.00										
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SUBMITTED BY		12	- Institu	tration No.						
Signature Som M	Un Una	Jennifer Yin	9 Regis	tration No. lev/Agent)	35,418	Telephone	(212) 527	7-7769		